Patient History Information

Patient or responsible parties, please complete information below. Please print

Name:_____Date:_____
Age:_____Date Birth:_____
Are you currently under the care of another physician(s)? ___No ___Yes (Who?)_____
Are you allergic to any medications? No Yes (What?)_____
Are you currently taking any medications on a regular basis? ___No ___Yes (What?)
_____
Do you have religious beliefs that prevent you from accepting blood product?___ No ___Yes
(Optional) What, if any is your religious preference?_____
Have you ever been put to sleep? ___No ___Yes (had a reaction?) ___No ___Yes
Have you ever had an epidural or spinal anesthesia? ___No ___Yes
Have you ever had a mammogram? ___No ___Yes (When?_____normal? ___No ___Yes)
Do you presently use any type of birth control? ___No ___Yes What?_____
Do you have frequent urinary tract infection? ___No ___Yes
Do you have trouble holding your urine when you cough, run or sneeze? ___No ___Yes

Do you have any history of?

Cancer: ___No ___Yes (type and when?)_____
Kidney disease: ___No ___Yes (When?)_____
Tuberculosis: ___No ___Yes (When?)_____
Bleeding problems: ___No ___Yes (Explain)_____
Asthma: ___No ___Yes (When?)_____
Rheumatic fever: ___No ___Yes (When?)_____
Heart Problems: ___No ___Yes (Explain)_____
High Blood Pressure: ___No ___Yes (How long?)_____
Heart Murmur: ___No ___Yes (When?)_____
Back Injuries: ___No ___Yes (When?)_____
Diabetes: ___No ___Yes (How Long?)_____
Thyroid Disease: ___No ___Yes (Explain)_____
Epilepsy: ___No ___Yes (Explain)_____
Phlebitis: ___No ___Yes (Explain)_____
Hepatitis: ___No ___Yes (Explain)_____

Pregnancy History:

Total number of pregnancies:_____
Full term deliveries_____Pre term deliveries (under 38 weeks)_____
Ectopic (tubal) pregnancies_____Miscarriages_____Abortions_____
Stillborns_____Current number of children?_____
Any complications of previous pregnancies?_____
Hypertention___Diabetes___Toxemia_____Pre Term Labor_____
Excessive Blood Loss_____
Blood Transfusions_____Other Problems_____

Reason(s) for Visit Today:_____